

Jan. 2022

How to enroll the RIJYEM Insurance Plan Illustration of procedure

1) Visit to the home page of RIJYEC

RIJYEC URL: <http://rijyec.org/>



Please Find out a button, and Click !!
Starting your Exchange program.

た
アップしました
「ー」に3名のROTEXをアップしました



たびレジ
「たびレジ」外務省海外旅行登録

2) Find out and Click a button of ENROLL ONLINE

Sickness medical expenses	¥5 million			
Emergency transport or evacuation in the event of a non-medical	¥5 million			
Accident medical expense	Unlimited	Arrival to departure	Copayment 30%	NHI
Sickness medical expense				
Dental medical expense				

Notes:


- Please check the insurance overview for warranty information and coverage.
- Coverage period
 - : "From home to home" means from the time the plan participant leaves his/her residence within his/her home country until returning to the same.
 - : "Home to arrival" means from the time the plan participant leaves his/her residence within his/her home country until arrives in Japan.
 - : "Departure to home" means from the time the plan participant departs in Japan until arrives his/her residence within his/her home country.
 - : "Arrival to departure" means from the time the plan participant arrives in Japan until departure.
- Please sign up for the NHI plan within 14 days after arriving in Japan.
- Copayments: Accident, illness and dental medical expense coverage by NHI is subject to a 30% copayment. However, as for the amount which you paid as a copayment (30%) of NHI, JI's Rescuer expenses and Accident medical expense and Sickness medical expense benefit provides coverage of up to 5 million yen for each injury or illness excluding dental expenses. (Please note that insurance payments cannot be made if exclusions apply.)
- The refund for shortening the basic insurance period will be applied if the insurance period is within 6 months.

4) Insurance premium(per person)

RIJYEM INSURANCE PLAN 12 MONTHS	12 MONTHS
PREMIUM	¥121,241

- The fee for NHI(tax) must be paid separately. (As a rule students should pay .)


ENROLL ONLINE



Please Find out a button, and Click !!

3) RIJYEC insurance plan ONLINE ENROLLMENT System

Input your e-mail address.

Rotary 
RIJYEC INSURANCE PLAN Online Enrollment System



Terms and conditions

: about the Request Form for the paying insurance premium of RIJYEC INSURANCE PLAN.
Please read the following terms and conditions carefully, fill in your email address, check the box "I agree to the terms and conditions" and click on the "Send Request Form Email."

1. Operator of the Certificate Request Form

Operator of the Certificate Request Form	
Request Form (F-REGI Payment) Operator:	F-REGI Co., Ltd.

2. Payment Methods
The following payment methods are accepted.
The credit card holder must be the same as the applicant or a family member.

Payment Methods	
	
VISA and MasterCard	

3. Handling of Personal Information
The information collected here will only be used for purposes of issuing certificates at RIJYEC INSURANCE PLAN and will not be used in any other way.
For the privacy policy of F-REGI Co., Ltd., please click on the following link the "F-REGI Privacy Policy".
[F-REGI Privacy Policy](#) (Japanese only)

4. System Errors
F-REGI Co., Ltd. will not be liable for undelivery, misdelivery, late delivery, rejected delivery, or any other mistake in delivery of emails due to the user's failure to input the correct email address, use of undecipherable text or any other mistake.
F-REGI Co., Ltd. will not be liable for the failure of the system due to natural disasters, incidents, power outages, bad telephone circuitry, or other unavoidable circumstances.

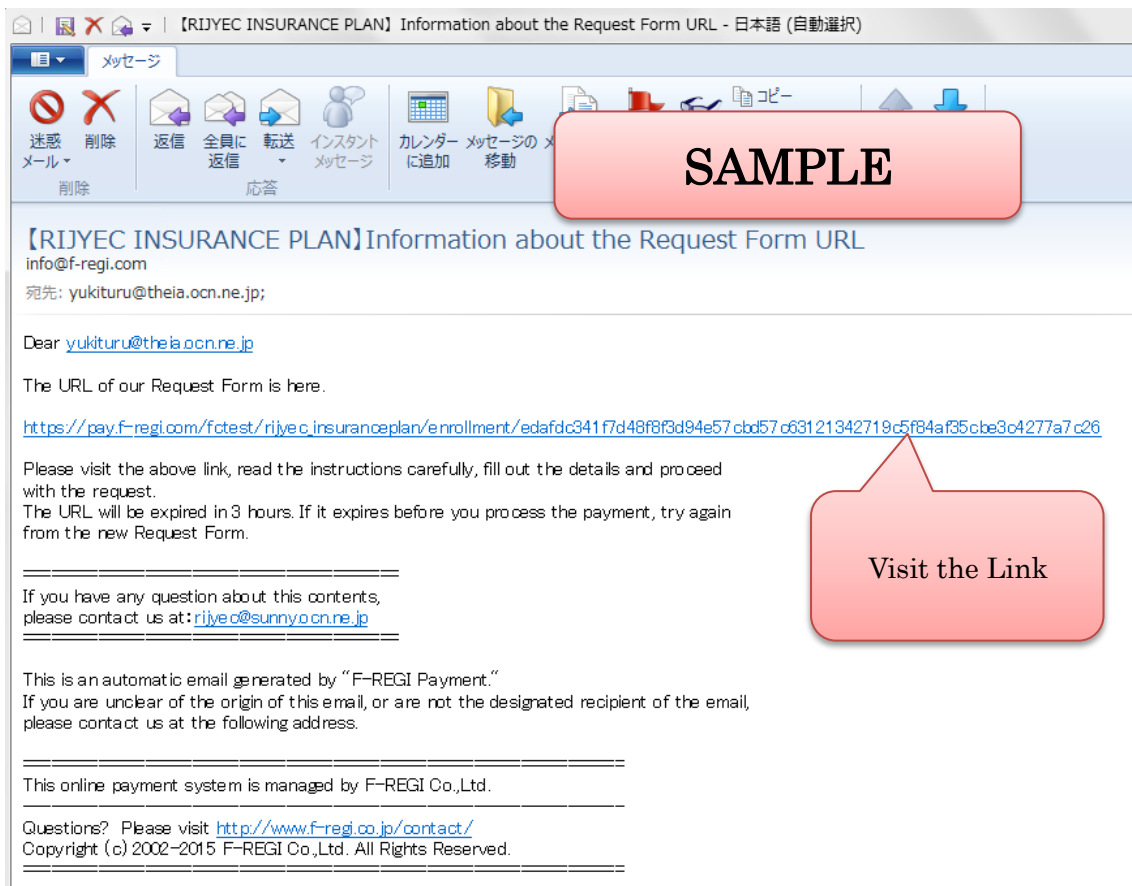
Fill in to receive the Request Form Email	
Email Address	<input type="text" value="info@f-regi.com"/>
Email Address (confirm)	<input type="text" value="info"/> @ <input type="text" value="f-regi.com"/>

I agree to the above terms and conditions.


Input your e-mail address.

4) Information about the Request Form URL

Visit the LINK.



5) Fill in your information of STUDENT and credit information of CARDHOLDER.


RIJYEC INSURANCE PLAN Online Enrollment System




Please fill in "Your Information" and "Credit Card Information", and click on the "Confirm".

■ Your Information (* Required items)

* Name	first name <input type="text" value="John"/> middle name <input type="text"/> last name <input type="text" value="Smith"/>
* Birth date	Year <input type="text" value="1999"/> Month <input type="text" value="06"/> Day <input type="text" value="18"/>
* Gender	Male <input checked="" type="radio"/> Female <input type="radio"/>
* Telephone number	<input type="text" value="1-617-555-5555"/>
Fax number	<input type="text"/>
Email address	<input type="text" value="yukituru@beige.ocn.ne.jp"/>
* Sponsor District number	<input type="text" value="7150"/>
* Home Country	-- <input type="button" value="v"/>
* Host District number	-- <input type="button" value="v"/>
* Departure Date	Year <input type="text" value="2015"/> Month <input type="text" value="8"/> Day <input type="text" value="15"/>
Term	Long Term

Insurance premium : 121,241 JPY

■ Credit Card Information

Accepted credit cards	 
Card Number	<input type="text" value="XXXX"/> - <input type="text" value="XXXX"/> - <input type="text" value="XXXX"/> - <input type="text" value="XXXX"/>
Expiry Date	Month -- <input type="button" value="v"/> / Year -- <input type="button" value="v"/>
Cardholder Name	<input type="text" value="John Smith"/> <small>*Please enter the name as it appears on the card, using half-width alphanumeric characters.</small>
Security Code	<input type="text" value="XXXX"/>  <small>*Please enter the 3-digit security code printed on the back of your card.</small>

Student DATA

Cardholder DATA

6) Payment was completed

